

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Texas

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of  
42 CFR Part 435, Subpart J for processing  
applications, determining eligibility, and furnishing  
Medicaid.

TN No. 91-34  
Supersedes 75-40 Approval Date JAN 1 1992

Effective Date OCT 01 1991

HCFA ID: 7982E

STATE	<u>Texas</u>
DATE REC'D	<u>DEC 11 1991</u>
DATE APP'D	<u>JAN 14 1992</u>
DATE EFP	<u>OCT 01 1991</u>
HCFA 171	<u>91-34</u>

Revision: HCFA-PM-93-2 (MB)  
March 1993

State: Texas

Citation

42 CFR  
435.914  
1902(a)(34)  
of the Act

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and  
1905(a) of the

(2) For individuals who are eligible for Medicare cost-sharing expenses as Act qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and  
1920 of the Act

XXX

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR  
434.20

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

XXX Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

XXX Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

     Not applicable.

STATE	<u>Texas</u>	A
DATE REC'D	<u>08-15-95</u>	
DATE APPE'D	<u>09-14-95</u>	
DATE EN	<u>09-01-95</u>	
HCFA 179	<u>95-23</u>	

TN No. 95-23  
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TN No. 93-24

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October 1991

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State/Territory: Texas

Citation

1902(a)(55) 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 92-12  
Supersedes  
TN No. 91-26

Approval Date APR 29 1992Effective Date JAN 01 1992

HCFA ID: 7985E

STATE <u>Texas</u>	A
DATE REC'D <u>MAR 31 1992</u>	
DATE APP'D <u>APR 29 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-12</u>	